CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mc Emma	MI	OFFICE USE ONLY	
NAME	Ms Emma	SUFFIX	Date Received	
	Acosta	COTTIX	5/15/2014 5.44.57 DM	
4 CANDIDATE /	ADDRESS / PO BOX; APT/SUITE#; CITY;	STATE; ZIP CODE	7/15/2014 5:44:56 PM	
OFFICEHOLDER MAILING ADDRESS	8904 WH Burges 79925	El Paso, TX	Date Hand-delivered or Postmarked	
change of address			Receipt # Amount	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (915) 731-2020	EXTENSION	Date Processed	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS Enriqueta NICKNAME LAST	MI	Date Imaged	
	Queta Fierro	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE; El Paso, TX 79925	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (915) 778-0905	EXTENSION		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)	
	✓ July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH	Month Day 06/30/2014	Year	
11 ELECTION	ELECTION DATE Month Day Year Primary	Runoff	General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
	City Representative Distirct 3			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME				15 ACCOUNT	# (Ethics Commission Filers)
Ms Emma Acost	а				
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	HOLDER. THESE EXPENDITU	ONS ACCEPTED OR POLITICAL EXPENDITURES M. JIRES MAY HAVE BEEN MADE WITHOUT THE CAN REQUIRED TO REPORT THIS INFORMATION ONLY II	IDIDATE'S OR OFF	ICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN	TREASURER NAME		
additional pages					
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
17 CONTRIBUTION TOTALS			TIONS OF \$50 OR LESS (OTHER THA ANTEES OF LOANS), UNLESS ITEMIZ		50.00
		POLITICAL CONTR THAN PLEDGES, LOA	RIBUTIONS NS, OR GUARANTEES OF LOANS)	\$	19,600.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		MIZED \$	1,296.79	
	4. TOTAL	POLITICAL EXPEN	DITURES	\$	6,817.10
CONTRIBUTION BALANCE		OLITICAL CONTRIBUT ORTING PERIOD	IONS MAINTAINED AS OF THE LAST	DAY \$	11,034.66
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	F ALL OUTSTANDING LOANS AS OF G PERIOD	THE \$	3,000.00
18 AFFIDAVIT			I swear, or affirm, under penalty of		
			is true and correct and includes a me under Title 15, Election Code.		equirea to be reported by
			*** Electron	nically Certified	 ***
			Signature of Car	ndidate or Offic	ceholder
AFFIX NOTARY STAM	1P / SEAL ABOVE				
Sworn to and subs	scribed before	me, by the said _	Emma Acosta		, this the
		4.4	_ , to certify which, witness	my hand a	nd seal of office.
	Syl	via Martinez			
Signature of officer admi	inistering oath	Printed name o	of officer administering oath	Title of c	fficer administering oath

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	eta		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor	\	7 Amount of	8 In-kind contribution
- Date	Full name of contributor ☐ out-of-state PAC (ID#: Alejandro Acosta)	contribution (\$)	description (if applicable)
03/27/2014	6 Contributor address; City; State; Zip Code 5866 Via Cuesta Dr 79912		150	
			(If travel outside	of Texas, complete Schedule T)
Principal occur Atty	pation / Job title (See Instructions)	10 Employer (See		,
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Jorge F & Minerva C Acosta	,	contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		100	
00/21/2011	7177 Granite Rd		100	
	T T T Grainte T ta			
				of Texas, complete Schedule T)
Principal occup Supporter	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Rafael Adame		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		100	
	764 Dahlia Ct 79922			
			`	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Emma P. Aguilar		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		150	
	3420 Pershing 79903		100	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
T Tillelpai occup	valion / dob title (dee mandellons)	Employer (Gee 1	matractions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Herlinda Arriola		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
03/27/2014			50	<u>'</u>
	3420 Pershing 79903			<u> </u>
			(If travel outside	of Texas, complete Schedule T)
Principal occup Supporter	pation / Job title (See Instructions)	Employer (See	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Emma Acos	ta			
4 Date	5 Full name of contributor		7 Amount of	8 In-kind contribution
- Date)	contribution (\$)	description (if applicable)
	Jose Xavier Banales			
03/27/2014	6 Contributor address; City; State; Zip Code		100	1
	4520 Shady Willow 79922			
			(If traval outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or rexas, complete schedule 1)
Supporter	valion / dob title (dee mandelions)	10 Employer (occ.)	matruotiona)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Lu A Beaman	,	contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		100	
	6186 Los Felinos Circle 79912			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	,	or rexas, complete concade 1)
Supporter				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Tanny Berg		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		100	
	P.O. Box 96 79941			
			(If traval outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or rexas, complete ochedule 1)
Business		. , ,		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Carmen & Fred Borrego		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
03/27/2014	4020 Trowbridge Dr 79903		500	·
	4020 Howblidge DI 73903			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
				I
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Ali & Lydia Bourseian		(ψ)	accomplian (iii applicable)
03/27/2014	Contributor address; City; State; Zip Code		50	
00/21/2014	10009 Album Av 79925		50	
Principal occur	pation / Job title (See Instructions)	Employer (See I	`	of Texas, complete Schedule T)
Supporter	· · · · · · · · · · · · · · · · · · ·	Employer (Gee I		
2 5,55 5,101				

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	ıta		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:	\	7 Amount of	8 In-kind contribution
. 50.0	Roger or Twana Bristow		contribution (\$)	description (if applicable)
03/27/2014	6 Contributor address; City; State; Zip Code 6432 Tarrascas		150	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Supporter	pation / Job title (See Instructions)	10 Employer (See		or roxuo, complete constant 17
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Lillian Chavez		contribution (\$)	description (if applicable)
00/07/0044	Contributor address; City; State; Zip Code			
03/27/2014	7101 Desert Jewel Dr 79912		30	
	7 TOT Describe Verbi 75512			
				of Texas, complete Schedule T)
Principal occup Supporter	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Ruben Chavez		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		300	
	1912 Paseo Real Cr 79936			
5				of Texas, complete Schedule T)
Supporter	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution
	Mike Dipp		Contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		300	
03/2//2014	PO Box 55		300	
				l
Principal occur	pation / Job title (See Instructions)	Employer (See	,	of Texas, complete Schedule T)
o.pa. ocoap		p.oye. (000)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Blanca E. Enriquez		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
03/27/2014	1391 Whirlaway		25	
	1331 Williaway			
Dringing! of	potion / Joh title (See Instructions)	Empleyer (S	`	of Texas, complete Schedule T)
Supporter	aation / Job title (See Instructions)	Employer (See	mstructions)	

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P.O. Box 12070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)		
Emma Acos	ata			
4 Date			7 Amount of	8 In-kind contribution
4 Date	out of state 17to (ibit.)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	Ismael Enriquez			
03/27/2014	6 Contributor address; City; State; Zip Code		1500	
8904 WH Burges			1300	
				of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Supporter				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Talina & John Fields		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		400	
03/27/2014	6385 Franklin Trail Dr 79912		400	
	0303 Halikiili Hali Di 79912			
			(If travel outside of	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	nstructions)	
Supporter	•			
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Enriqueta & Jesus Fierro		contribution (\$)	description (if applicable)
00/07/00/	Contributor address; City; State; Zip Code			
03/27/2014			30	
	8612 Whitus 79925			
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	nstructions)	
Supporter	S			
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Jose Fong		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			·
03/27/2014			100	
	n/a			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		or roxac, complete concade 1/
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Mike Garcia		contribution (\$)	description (if applicable)
				!
03/27/2014	Contributor address; City; State; Zip Code		100	[
	268 S. Clark			
			(If travel evite!)	of Toyon, complete Coloratula T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Supporter		1 . 7 % (230)	,	

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Emma Acos	ta			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution
4 Date	out of state 1710 (IBII.)	contribution (\$)	description (if applicable)
	Carmen O Graham			I I
03/27/2014	6 Contributor address; City; State; Zip Code		20	
	10142 Stoneway 79925			
	·			
O Dringing Lagger	sotion / Joh title (Coe Instructions)	40 Employer (Coo.		of Texas, complete Schedule T)
Supporter	pation / Job title (See Instructions)	10 Employer (See	instructions)	
• • • • • • • • • • • • • • • • • • • •	Full pages of agettilester.			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Rachael Harracksigh			
03/27/2014	Contributor address; City; State; Zip Code		400	
	10633 Vista Alegre		100	
	3			
5				of Texas, complete Schedule T)
Supporter	pation / Job title (See Instructions)	Employer (See I	instructions)	
			A	In this of a season to take a
Date	_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Harold Hahn			
03/27/2014	Contributor address; City; State; Zip Code		1000	
	2244 Trawood ste 100			
Deinsinal	antico / Ich dido (Oco Icodo)	F(0		of Texas, complete Schedule T)
Supporter	pation / Job title (See Instructions)	Employer (See I	instructions)	
Date	Full name of contributor	\	Amount of	In-kind contribution
Date		/	contribution (\$)	description (if applicable)
	Melvin Harris			
03/27/2014	Contributor address; City; State; Zip Code		100	
	8716 Edgemere 79925		100	
				(-
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
. mopa. coap	realist, year and (eac illendenes)	p.oyo. (000 .		
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of	In-kind contribution
Date	_ out of state file (i.b.m	/	contribution (\$)	description (if applicable)
	Irene Hernandeez			
03/27/2014	Contributor address; City; State; Zip Code		50	1
	7300 Kiowa ct 79932			<u> </u>
			(If travalt-t-t-	of Toyon, complete Cake dula TV
Principal occur	pation / Job title (See Instructions)	Employer (See I	`	of Texas, complete Schedule T)
Supporter	,	, ,,,, (200)	· · · · · · · · · · · · · · · · · ·	
1-1				

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Emma Acos	ta			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Ricardo Herrera		contribution (\$)	description (if applicable)
03/27/2014	6 Contributor address; City; State; Zip Code		50	
	316 Kinswood			
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Supporter	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Juan Hinojos		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		150	
	7961 Pecan Ct 79915		100	
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	,
Supporter		. , ,	,	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution
	Lillian Jacquez		CONTIDUCTOR (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		200	
	7337 Dale Rd 79915			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Supporter				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Stanley Jobe		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		1000	
00/21/2014	1150 Southview Dr 79925		1000	
			(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See		or rexas, complete scriedule 1)
	,	Stanley Jobe		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	The El Paso Assoc of Firefighters Lo	ocal 51	contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		1500	
55/21/2014	3112 Forney Dr		1500	
			(If travel outside	of Texas, complete Schedule T)
_ '	pation / Job title (See Instructions)	Employer (See		, , , , , , , , , , , , , , , , , , , ,
Supporter	S			

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	ta		3 ACCOUNT # (E	thics Commission Filers)
4 Date			7 Amount of	8 In-kind contribution
- Date	5 Full name of contributor □ out-of-state PAC (ID#: Mathhew Loweree)	contribution (\$)	description (if applicable)
03/27/2014	6 Contributor address; City; State; Zip Code 9117 McFall		150	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Supporter	pation / Job title (See Instructions)	10 Employer (See		or roxuo, complete constant 17
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Stacy C & Gerardo H Martinez		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		300	
	6831 Dakota ridge			
			(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexas, complete ochedule 1)
Supporter				
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Charlie McNabb		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		100	
	5020 Montoya 79922			
			(If travel outside	of Texas, complete Schedule T)
Principal occup Atty	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Gilbert Mendez		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		200	
	9012 McFall		200	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexas, complete soficadic 1)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Janet Monteros		Contribution (\$)	description (ii applicable)
03/27/2014	Contributor address; City; State; Zip Code		25	
55/21/2014	525 Sansaba		25	
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See		or roxas, complete contentie 1)
Supporter				

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	eta		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Ralph & Ivonne Hernandez		contribution (\$)	description (if applicable)
03/27/2014	6 Contributor address; City; State; Zip Code 11317 tom Ulozas Dr 79936		50	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Supporter	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#: Bernadino Olaque)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code 700 Cinnarmon Teal Circle 79932		100	
			(16 4	of Toward Colorada (Colorada (Colora
Principal occup	pation / Job title (See Instructions)	Employer (See I	,	of Texas, complete Schedule T)
Date	Full name of contributor)	Amount of	In-kind contribution
Date	El Paso Municipal Police Officer Ass	soc Pac	contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		2000	
	747 E. San Antonio #103		(If traval autoida	l of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)
Supporter		Employer (occ)	noti dottorio)	
Date	Full name of contributor)	Amount of	In-kind contribution
	Carmen I or Jacqueline Perez		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		100	
	10464 Janway		100	
			(If trough outside	of Tayon, complete Schodule T
Principal occur	pation / Job title (See Instructions)	Employer (See I	` `	of Texas, complete Schedule T)
	sealer, see the (eee mendeners)	p.cyc. (000 .		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Barbara Perez		contribution (\$)	description (if applicable)
00/07/0044	Contributor address; City; State; Zip Code		400	
03/27/2014	11528 James Grant 79936		100	
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	•	or reads, complete ouriedule 1)
Supporter				

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Emma Acos	ta			
4 Date	F = 0		7 Amount of	8 In-kind contribution
4 Date	out of state 17to (ibit.)	contribution (\$)	8 In-kind contribution description (if applicable)
	Lorena Quezada			
03/27/2014	6 Contributor address; City; State; Zip Code		100	
00/21/2014	12337 Tierra Limpia 79936		100	
	12001 Horra Emipia 10000			
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Supporter				
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Teresa Quezada		contribution (\$)	description (if applicable)
00/07/0044	Contributor address; City; State; Zip Code			
03/27/2014	4312 Santa Rita		50	
	4312 Sania Kila			
			(If travel outside of	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Supporter				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Gerald Rubin		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
03/27/2014			1000	
	538 Laurel Canyon 79912			!
			(If travel outside	of Texas, complete Schedule T)
	pation / Job title (See Instructions)	Employer (See	nstructions)	
Supporter				
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Juan Sandoval		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
03/27/2014			200	
	6243 Arapho 79905			
			(If travel outside	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		, , , , , , , , , , , , , , , , , , , ,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	Richard Teschner		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			· [
03/27/2014			250	I
	1800 N. Stanton #302			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	`	c. read, complete concude 1)
Professor		UTEP		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	sta		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	Carol Trujillo		contribution (\$)	description (if applicable)
03/27/2014	6 Contributor address; City; State; Zip Code 239 Euclid		20	
				of Texas, complete Schedule T)
9 Principal occup Supporter	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Dr. Jean R. Joseph Vanderpool		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		200	
00/21/2011	425 Majestic Mountain Dr 79912		200	
	•			
Principal occur	pation / Job title (See Instructions)	Employer (See	•	of Texas, complete Schedule T)
Supporter				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Paula Villalobos		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		60	
	7358 Luz de Dia 79912			
			(If travel outside	of Texas, complete Schedule T)
Principal occup Supporter	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution
	Ray Villalobos		Contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		60	
00/21/2011	7358 Luz de Dia 79912		00	
			(16 took of outside)	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Melanie & George Wayne		contribution (\$)	description (if applicable)
02/27/2014	Contributor address; City; State; Zip Code		000	
03/27/2014	5595 Westside Dr		800	
			(16 4====	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Supporter			-	
i .				

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Emma Acos	ata			
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
	George C Wayne		contribution (\$)	description (if applicable)
03/27/2014	6 Contributor address; City; State; Zip Code 5539 El Paso Dr		400	
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup Supporter	pation / Job title (See Instructions)	10 Employer (See		,
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Donald Williams		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		100	
00/21/2014	3301 Rain Dance 79936		100	
			(If traval autaida	of Toyon, complete Schodule T)
Principal occur	pation / Job title (See Instructions)	Employer (See	•	of Texas, complete Schedule T)
Supporter		,, (000		
Date	Full name of contributor uut-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution
	Laura Winter		CONTIDUTION (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		50	
	316 Kingswood			
			(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	,	or rosad, complete conductory
Supporter			· 	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Pablo Alvarado		contribution (\$)	description (if applicable)
03/31/2014	Contributor address; City; State; Zip Code		100	
03/31/2014	4748 Excalibur Dr 79912		100	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
i illoipai occup	valion / cos title (cee mandellons)	Employer (occ)	mistractions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Juan Sandoval		contribution (\$)	description (if applicable)
02/24/2014	Contributor address; City; State; Zip Code		000	
03/31/2014	1537 Bengal Dr 79935		200	
	-		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or roxas, complete solieudie 1)
Supporter				
l				

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Emma Acos	ta			
4 Date	5 Full name of contributor out-of-state PAC (ID#:	,	7 Amount of	8 In-kind contribution
. Dato	Richard Castro)	contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code			
03/27/2014	3332 Wedgewood		2000	
	3332 Wedgewood			
				of Texas, complete Schedule T)
9 Principal occup President	pation / Job title (See Instructions)	10 Employer (See I Castro Industr		
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Dan Olivas		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		200	
33/21/2311	240 Thunderbird Ste D 79912		200	
				(-
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Supporter		Employer (ede i	non donorio,	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Sherman Barnett		contribution (\$)	description (if applicable)
04/18/2014	Contributor address; City; State; Zip Code		1000	
0 1/ 10/2011	Dirk 79925		1000	
			(If traval outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	·	or rexas, complete scriedule 1)
Supporter		Barnett Harley		
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Hector Gutierrez		contribution (\$)	description (if applicable)
03/27/2014	Contributor address; City; State; Zip Code		100	
00/21/2014	1035 Calle Flor Rd 79912		100	
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
i iliopai occup	valion / God title (GGG Instituctions)	Employer (occ)	national)	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution
	Alfredo Longoria		contribution (\$)	description (if applicable) Fundraiser
00/07/00/	Contributor address; City; State; Zip Code			Food/Beverages
03/27/2014	El Paso, TX		150	
Dein ein al.	sation / Joh title (Cae Instruction)	Emple : (O		of Texas, complete Schedule T)
Supporter	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Сарропен				

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME Emma Acos	ta		3 ACCOUNT # (E	thics Commission Filers)
4 Date 03/27/2014	 5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable) Fundraiser Food/Beverages
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Supporter	,	- Limpleyer (eee		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable) Fundraiser Food/Beverages
03/27/2014	Contributor address; City; State; Zip Code 8904 WH Burges		180	1 000 2010 agos
Dringing Lagger	setion / Joh title (Cae Instructions)	Employer (See I		of Texas, complete Schedule T)
Supporter	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID#:_ Carlos Aguilar)	Amount of contribution (\$)	In-kind contribution description (if applicable) Fundraiser
03/27/2014	Contributor address; City; State; Zip Code El Paso, TX		300	Food/Beverages
			,	of Texas, complete Schedule T)
Principal occup Govt Affai	pation / Job title (See Instructions) TS	Employer (See I	nstructions)	
Date	Full name of contributor uut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	Toxac, complete concade 1/
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If traval outside a	 of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		s. Totalo, complete conclude 1)

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PLEDO	GED CONTRIBUTIONS			SCHEDULE B
Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Scho	edule B:
2 FILER NAM Emma Ac			3 ACCOUNT # (E	thics Commission Filers)
4 TO	TAL OF UNITEMIZED PLEDGES:	$\Rightarrow \Rightarrow \Rightarrow$	→ →	\$
5 Date	6 Full name of pledgor □ out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code			
				of Texas, complete Schedule T)
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See I	nstructions)	
Date	Full name of pledgor uut-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor uut-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside of	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor uut-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occ	cupation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of pledgor uut-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside of	of Texas, complete Schedule T)
Principal occ	cupation / Job title (See Instructions)	Employer (See I	nstructions)	
If	ATTACH ADDITIONAL COPIES Contributor is out-of-state PAC, please see instr		_	requirements.

LOANS				SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pa	nges Schedule E:
2 FILER NAME Emma Acosta			3 ACCOU	INT # (Ethics Commission Filers)
4 TOTA	L OF UNITEMIZED LOANS:	\$\rightarrow\$ \$\rightarrow\$ \$\rightarrow\$ \$\rightarrow\$	⇒	\$ 3000
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
04/01/2014	Ismael Enriquez	out-of-state (AO (ID#.	, , , , , , , , , , , , , , , , , , ,	1500
6 Is lender a financial	8 Lender address; City; State;	Zip Code		10 Interest rate
Institution?	8904 WH Burges			11 Maturity date 12/31/2014
12 Principal occupati Veteran	on / Job title (See Instructions)	13 Employer (See Instructions) N/A		
14 Description of Coll	lateral	15 Check if personal funds were	e deposited	I into political account
none None				
16 GUARANTOR	17 Name of guarantor			19 Amount Guaranteed (\$)
INFORMATION	Ismael Enriquez			
not applicable	18 Guarantor address; City; S 8904 WH Burges	State; Zip Code		1500
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	out-of-state PAC (ID#:	1	Loan Amount (\$)
04/15/2014	Delia Perez	out-or-state (No (lb#.		1500
Is lender a financial	Lender address; City; State;	Zip Code		Interest rate
Institution?	Las Vegas, NV			Maturity date 12/31/2014
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	atoral	Charle if narranal funda wara	danasitad	into political account
none	aterar	Check if personal funds were	deposited	into political account
GUARANTOR	Name of guarantor			Amount Guaranteed (\$)
INFORMATION	Delia Acosta			
not applicable	Guarantor address; City; S	State; Zip Code		1500
Principal Occupat	ion (See Instructions)	Employer (See Instructions)		
If len	ATTACH ADDITIONAL COPIE der is out-of-state PAC, please see instr	ES OF THIS SCHEDULE AS NEE uction guide for additional rep		quirements.

POLITICAL EXPENDITURES

SCHEDULE \mathbf{F}

Advertising Expense	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C	` '	Loan Repayment/Reimbursement
Accounting/Banking Consulting Expense Event Expense	Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis	aising Expense	Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee
Fees	Printing Expense Office Overhead/		OTHER (enter a category not listed above)
	The Instruction Guide explains how to	complete this for	rm.
1 Total pages Schedule F: 2	2 FILER NAME Emma Acosta		3 ACCOUNT # (Ethics Commission File
4 Date	5 Payee name		
02/13/2014	Aliana Apodaca		
6 Amount (\$) 140	7 Payee address; City; State; Zip Code N/A		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Food/Beve	erages
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	t Office held
Date	Payee name		
04/09/2014	Dora Oaxaca		
Amount (\$)	Payee address; City; State; Zip Code		
2250	Socorro, TX		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	t Office held
Date	Payee name		
05/21/2014	Adapt		
Amount (\$)	Payee address; City; State; Zip Code		
200	Unknown		
PURPOSE	Category (See categories listed at the top of this schedule)	Description ((If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Donation	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	t Office held
Date	Payee name		
06/01/2014	El Paso Baseball Club		
Amount (\$) 187.11	Payee address; City; State; Zip Code N/A		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Pescription (Food for G	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	t Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS I	NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

Total pages Schedule F:			
	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers
2	Emma Acosta		
Date	5 Payee name		
03/31/2014	Alexander Lopez		
Amount (\$)	7 Payee address; City; State; Zip Code		
200	n/a		
200			
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trave	el outside of Texas, complete Schedule T)
OF		Payment to vo	
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
06/01/2014	Evolve FCU		
Amount (\$)	Payee address; City; State; Zip Code		
00.40	El Paso, TX		
3840			
PURROCE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
PURPOSE OF	Category (dee categories listed at the top of this scriedale)		
EXPENDITURE		Loan Payment	L
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trave	el outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
Date Amount (\$)	Payee name Payee address; City; State; Zip Code		
		Description (If trave	el outside of Texas, complete Schedule T)
Amount (\$) PURPOSE OF	Payee address; City; State; Zip Code Category (See categories listed at the top of this schedule) Candidate / Officeholder name	Description (If trave	el outside of Texas, complete Schedule T) Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

P.O. Box 12070

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

	•	•	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
0	Emma Acosta		
4 Date	5 Payee name	,	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If trav	vel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gift/Awards/Memorials Expense Legal Services

P.O. Box 12070

Food/Beverage Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)
0	Emma Acosta		
4 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip Code		
γ πποσπ (φ)	i Dustries address, Stry, State, Especial		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
	0 514 40%	000	0" 111
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit 6/0	711		
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
	Condidate / Office helder is an	O#:	O#: -
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
γιιιοαπ (ψ)	Business address, Oity, State, Zip Gode		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF EXPENDITURE			
EXPENDITORE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	DH .		
Date	Business name		
Amount (\$)	Business address; City; State; Zip Code		
Amount (\$)	Business address, City, State, Zip Code		
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If tra	vel outside of Texas, complete Schedule T)
OF			
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/C	JH 		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED
			•

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE I

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
0	Emma Acosta	
4 Date	5 Payee name	<u> </u>
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

P.O. Box 12070

SCHEDULE K

Th	ne Instruction Guide explains how to complete this form.	Total pages Schedule K: 0
FILER NAME		3 ACCOUNT # (Ethics Commission Fi
Date	5 Name of person from whom amount is received	8 Amou (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	
Date	Name of person from whom amount is received	Amou (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amou (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	
Date	Name of person from whom amount is received	Amou (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	

P.O. Box 12070

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: 0 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Emma Acosta 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H PAC-C Schedule N COH-UC СОН-Т 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule F Schedule D Schedule G PAC-E Schedule H Schedule N COH-UC СОН-Т PAC-C Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Purpose of travel (including name of conference, seminar, or other event) Means of transportation Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G PAC-E Schedule H Schedule N COH-UC COH-T Dates of travel Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

P.O. Box 12070

FORM C/OH - FR

	The Instruction Guide explains how to con Complete only if "Report Type" on page 1 is r	
C/OH N	NAME	2 ACCOUNT # (Ethics Commission Filers
Ms E	mma Acosta	
SIGN	ATURE	
report a	expect any further political contributions or political expenditures in connecti as a final report terminates my campaign treasurer appointment. I also unders any campaign expenditures without a campaign treasurer appointment on fi	stand that I may not accept any campaign contributions
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	sk only one:	
	I do not have unexpended contributions or unexpended interest or income	earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned to not convert unexpended political contributions or unexpended interest or in use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of Electrical contributions.	norme earned on political contributions to personal ontributions and that I may not retain unexpended ibutions longer than six years after filing this final contributions and unexpended interest or income
B.	ASSETS	
Chec	k only one:	
	I do not retain assets purchased with political contributions or interest or ot	ther income from political contributions.
	I do retain assets purchased with political contributions or interest or other included in the last sets purchased with political contributions or interest or cluse. I also understand that I must dispose of assets purchased with political of Election Code, § 254.204.	other income from political contributions to personal
	-	Signature of Candidate
	CEHOLDER uplete this section <i>only</i> if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an officeho I am also aware that I will be required to file reports of unexpended contributioned, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	outions if, after filing the last required report as an
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